

Women/Maternal Health

State Action Plan Table (District of Columbia) - Women/Maternal Health - Entry 1

Priority Need

Improving women's reproductive health

NPM

NPM 1 - Percent of women with a past year preventive medical visit

Objectives

Increase the percent of low income women ages 18-44 that receive a preventive medical visit.

Strategies

1. Healthy Start will partner with FQHCs to promote annual well visits among low income women.
2. Establish a PRAMS implementation work plan.
3. Promote annual well visits through mobile health.
4. Work with community health centers to increase well woman visits for low income women, ages 13-50.
5. Promote annual well visits through perinatal programs (WIC, Healthy Start, MIECHV)

NOMs

NOM 2 - Rate of severe maternal morbidity per 10,000 delivery hospitalizations

NOM 3 - Maternal mortality rate per 100,000 live births

NOM 4.1 - Percent of low birth weight deliveries (<2,500 grams)

NOM 4.2 - Percent of very low birth weight deliveries (<1,500 grams)

NOM 4.3 - Percent of moderately low birth weight deliveries (1,500-2,499 grams)

NOM 5.1 - Percent of preterm births (<37 weeks)

NOM 5.2 - Percent of early preterm births (<34 weeks)

NOM 5.3 - Percent of late preterm births (34-36 weeks)

NOM 6 - Percent of early term births (37, 38 weeks)

NOM 8 - Perinatal mortality rate per 1,000 live births plus fetal deaths

NOM 9.1 - Infant mortality rate per 1,000 live births

NOM 9.2 - Neonatal mortality rate per 1,000 live births

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.4 - Preterm-related mortality rate per 100,000 live births

Perinatal/Infant Health

State Action Plan Table (District of Columbia) - Perinatal/Infant Health - Entry 1

Priority Need

Decreasing perinatal disparities

NPM

NPM 4 - A) Percent of infants who are ever breastfed and B) Percent of infants breastfed exclusively through 6 months

Objectives

Increase the percent of breastfed infants.

Increase the percent of infants exclusively breastfed through 6 months.

Strategies

1. Provide technical and financial support for birthing facilities to implement Baby-Friendly Hospital Initiative (BFHI) designation.
2. Expand the availability and utilization for peer counselors to support for low income women (WIC, MIECHV, Healthy Start).
3. Increase the availability of mobile-health (mhealth) resources for breastfeeding support (i.e. Text 4 Baby, Pacify and BFed DC).
4. Increase breastfeeding education among MIECHV home visitors and Healthy Start perinatal support workers.

NOMs

NOM 9.3 - Post neonatal mortality rate per 1,000 live births

NOM 9.5 - Sleep-related Sudden Unexpected Infant Death (SUID) rate per 100,000 live births

Child Health

State Action Plan Table (District of Columbia) - Child Health - Entry 1

Priority Need

Reducing chronic disease burden (including obesity) among children and youth

NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Objectives

Increase physical activity among children ages 6 through 11 and adolescents ages 12 through 17 to 60 minutes a day.

Strategies

1. Increase capacity for Local Education Agencies (LEAs) and Elementary, Secondary, and Specialized Education (ESSE) to provide physical education/activity to meet the Healthy
2. Support school-based after school physical activity and nutrition programs for children/adolescents age 6-17 years old.

NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

State Action Plan Table (District of Columbia) - Child Health - Entry 2

Priority Need

Reducing chronic disease burden (including obesity) among children and youth

NPM

NPM 6 - Percent of children, ages 10 through 71 months, receiving a developmental screening using a parent-completed screening tool

Objectives

Increase the percent of children, ages 10 through 71 months, receiving a developmental screening using a parent tool.

Strategies

1. Support IDEA Part C Service Coordination for children 0 to 2 years with identified developmental disability or delay.
2. Establish an implementation plan for Help Me Grow to include registry referral system and resource directory
3. Collaborate with District agencies and early childhood providers to explore best practices and feasibility of implementing a state registry for developmental screening to improve care coordination.

NOMs

NOM 13 - Percent of children meeting the criteria developed for school readiness (DEVELOPMENTAL)

NOM 19 - Percent of children in excellent or very good health

Objectives

Decrease the percent of children living in households that were food insecure at some point during the year.

Strategies

1. Reduce food insecurity among low income elementary age children and their families in Wards 7 and 8 and increase their consumption of fresh fruits and vegetables through use of Martha's Table Joyful Markets Program.

Adolescent Health

State Action Plan Table (District of Columbia) - Adolescent Health - Entry 1

Priority Need

Improving adolescent access to and utilization of primary care and behavioral health services

NPM

NPM 8 - Percent of children ages 6 through 11 and adolescents 12 through 17 who are physically active at least 60 minutes per day

Objectives

Increase school based physical activity initiatives in DCPS and PCS for children ages 6 through 11 and adolescents ages 12 through 17.

Strategies

1. Establish a partnership with OSSE to increase physical activity initiatives in DCPS and PCS.
2. Support school-based after school physical activity and nutrition programs for children age 8-12 years old.

NOMs

NOM 19 - Percent of children in excellent or very good health

NOM 20 - Percent of children and adolescents who are overweight or obese (BMI at or above the 85th percentile)

State Action Plan Table (District of Columbia) - Adolescent Health - Entry 2

Priority Need

Enhancing positive youth development for adolescents to decrease high-risk behaviors (teen pregnancy, STIs, violence)

NPM

NPM 9 - Percent of adolescents, ages 12 through 17, who are bullied or who bully others

Objectives

Decrease bullying amongst adolescents 12 through 17.

Strategies

1. Pilot the Second Step Program in District of Columbia Public and Charter Schools.
2. Assess DCPS and PCS capacity to reduce violence and improve school climate.
3. Provide evidenced-based mental health services in school and community based settings through the Resilient Scholars Program (RSP).
4. Partner with OSSE to provide suicide prevention initiatives.

NOMs

NOM 16.1 - Adolescent mortality rate ages 10 through 19 per 100,000

NOM 16.3 - Adolescent suicide rate, ages 15 through 19 per 100,000

Objectives

Decrease the teen birth rate.

Strategies

1. Implement school based teen pregnancy prevention programs in priority Wards 5-8 to reduce incidents of repeat teen births and sexually transmitted infections (Crittenton, SNEAKERS and PEARLS; Sasha Bruce Outreach Program (TOP)).

Objectives

Decrease percent adolescents in grades 9-12 involved in a physical fight.

Strategies

1. Expand partnerships, including those with non-traditional partners, in state/jurisdiction violence prevention coalitions using CDC's Essentials for Childhood Framework.
2. Work with schools to increase implementation of evidenced-based multi-component suicide prevention programs, such as Sources of Strength, the Model Adolescent Suicide Prevention Program, and the Program in Education, After school, and Resiliency (PEAR).

Children with Special Health Care Needs

State Action Plan Table (District of Columbia) - Children with Special Health Care Needs - Entry 1

Priority Need

Enhancing use of medical home and transitional services for CYSHCN

NPM

NPM 12 - Percent of adolescents with and without special health care needs who received services necessary to make transitions to adult health care

Objectives

Increase the percent of adolescents with and without special healthcare needs who received services necessary to make transitions to adult health care.

Strategies

1. Implement Six Core Elements of Health Care Transition in District school based health centers, core service agencies participating in Department of Behavioral Health's Transition-Aged Youth Initiative and a pediatric ambulatory care center.
2. Establish a baseline of Health Care Transition (HCT) knowledge and skills among Anacostia SBHC users in order to develop health education class content.
3. Increase the number of DC high school students served by SBHCs who receive a HCT policy, a transition readiness assessment, and information about available adult providers
4. Increase number of health care providers receiving education and training on evidence-informed strategies (Six Core Elements of HCT and AAP/AAFP/ACP Clinical Report on Transition).
5. Establish a transition policy and assessment tool for the Goldberg Center at Children's National Medical Center (CNMC) to target youth with and without special health care needs, ages 16-22 years.

NOMs

NOM 17.2 - Percent of children with special health care needs (CSHCN) receiving care in a well-functioning system

NOM 19 - Percent of children in excellent or very good health

Cross-Cutting/Life Course

State Action Plan Table (District of Columbia) - Cross-Cutting/Life Course - Entry 1

Priority Need

Improving maternal and child oral health

NPM

NPM 13 - A) Percent of women who had a dental visit during pregnancy and B) Percent of children, ages 1 through 17 who had a preventive dental visit in the past year

Objectives

Increase the percent of women who had a dental visit during pregnancy.

Increase percent of children, ages 1 to 17, who had a preventive dental visit in the past year.

Strategies

1. Implement a state oral health surveillance system.
2. Provide parent and teacher oral health education sessions to increase awareness of oral health issues and prevention.
3. Promote SBHC oral health education and referrals for children and youth.
4. Provide oral health training and increase awareness of oral health issues and preventive care among health care providers and social service personnel.
5. Promote oral health referrals and prevention among women ages 18-44 through outreach.
6. Promote oral health referrals and prevention among children ages 1-5 through outreach.

NOMs

NOM 14 - Percent of children ages 1 through 17 who have decayed teeth or cavities in the past 12 months

NOM 19 - Percent of children in excellent or very good health

State Action Plan Table (District of Columbia) - Cross-Cutting/Life Course - Entry 2

Priority Need

Reducing chronic disease burden (including obesity) among children and youth

NPM

NPM 14 - A) Percent of women who smoke during pregnancy and B) Percent of children who live in households where someone smokes

Objectives

Reduce the percent of woman smoking during pregnancy.

Reduce the percent of children who live in households where someone smokes.

Strategies

1. Promote Tobacco Cessation Among Perinatal Programs (WIC, MIECHV and Healthy Start) through mobile health and outreach.
2. Improve cessation training for clinical and other health providers working with perinatal populations.
3. Assess tobacco use among parents and perinatal women through the Adult Tobacco Survey and PRAMS.

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NOM 19 - Percent of children in excellent or very good health